APPLICATION TO CONDUCT A LOTTERY / RAFFLE

FEE: \$10.00 PER RAFFLE (NOTE: If Raffle is for 1 entire year it is one \$10 fee) (5% Tax on Gross Proceeds; Report Due No Later than 60 Days after the Conclusion of Lottery/Raffle)

RETURN TO: LMC Chapter 9.32

| City Clerk's Office, | 555 S. 10 | th St., Lincoln NE | 68508 | | | | | • |
|-----------------------------|-----------|--------------------|-----------------------|--------------|---------------------|-----------------------|------------------------|----------------------|
| SUBMIT <mark>AT LEAS</mark> | T 2 WEE | KS IN ADVANCE | Pleas | e PRINT | <mark>usin</mark> g | <mark>, blue c</mark> | <mark>r black i</mark> | <mark>nk only</mark> |
| PLEASE CIRCLE ONE: | | LOTTERY | RAFFLE | | | | | |
| | | | APPLICAN ⁻ | г | | | | |
| NAME: | | | | | | | | |
| STREET ADDRESS: | | | | | | | | |
| CITY: | | | STATE: | | | ZIP: | | |
| PHONE #: | | | FAX #: | | | CELL #: | | |
| | | | | | | | | |
| | | ORGANIZATION (| HEADQUAI | RTERS ADDRE | ESS) | | | |
| NAME: | | | | | | | | |
| STREET ADDRESS: | | | | | | | | |
| CITY: | | | STATE: | | | ZIP: | | |
| PHONE #: | | | FAX #: | | | CELL #: | | |
| | | | | | | | | |
| | | NAME & ADDRES | S OF PRIN | CIPAL OFFICE | ERS | | | |
| NAME | | STREET | | | CITY | | STATE | ZIP |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | PERSON | IN DIRECT CHARGE | OF CONDU | CTING THIS L | OTTERY | /RAFFLE | | |
| NAME: | | | | | | | | |
| STREET ADDRESS: | | | | | | | | |
| CITY: | | | STATE: | | | ZIP: | | |

PERSON(S) RESPONSIBLE FOR THE PROPER UTILIZATION OF THE GROSS RECEIPTS FROM THIS LOTTERY/RAFFLE:

FAX #:

CELL #:

PHONE #:

| NAME: | | | | | |
|----------------------|-----------------------|------------------------|--------------------|-------------------|-------------------|
| STREET ADDRESS: | | | | | |
| CITY: | | STATE: | | ZIP: | |
| PHONE #: | | FAX #: | (| CELL #: | |
| How much money | do you intend to ra | iise: | | | |
| Specific nature & ty | ype of lottery/raffle | to be conducted (atta | och sample of tic | cket to be sold | '): |
| Describe method o | of selecting winning | ticket: | | | |
| List the specific pu | rpose(s) to which t | he profits from the co | nduct of the lotte | ery/raffle are to | o be devoted: |
| Price of Each Lotte | ery/Raffle Chance: | | | | |
| _ | _ | nandise to be given av | | - | sheet if |
| Date Lottery/Lotter | ies or Raffle(s) will | begin & end: 2) | | | |
| From | То | | From | То | |
| 3) <u> </u> | То | 4) | From | To | |
| How many lotteries | s/raffles will be con | ducted during the terr | n of this permit: | | |

THE FOLLOWING MUST BE ATTACHED PRIOR TO SUBMITTING TO THE CITY CLERK:

- Proof of applicant's authority to conduct a lottery/raffle, pursuant to State Law.
- On a separate sheet of paper, list all locations within the City of Lincoln where the lottery/raffle tickets (chances) are to be sold.
- Sample of Ticket to be sold

| ADDITIONAL COMMENTS/EXPLANATION (use separat | e sheet if necessary): | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|--|--|--|
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| PLEASE NOTE: At the conclusion of <i>each</i> lottery described herein, a notarized report fully setting forth the gross amount raised by such lottery & a check for 5% of the gross proceeds shall be placed on file in the Office of the City Clerk. | | | | |
| Date | Applicant's Signature | | | |

Applications are available on the City's web site at "www.lincoln.ne.gov"